PETI	TION FOR EXTENSION OF TIME UNDER 37 C	Docket Number (Optional) 019281-000900US		
	FY 2006			
	(Fees pursuant to the Consolidated Appropriations Act, 2005 (H	.R. 4818).)		
Application Number 09/687,149			Filed October 12, 2000	
For PROGRAMMING DISTRIBUTION SYSTEM				
Art Ur	nit 2623		Examiner Brown, Ruel	en M.
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
		<u>Fee</u>	Small Entity Fee	
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$_120
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	s
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
	Applicant claims small entity status. See 37 CFR 1.27.			
	A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached.			
\boxtimes	The Director has already been authorized to charge fees in this application to a Deposit Account.			
\boxtimes	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to			
Deposit Account Number <u>20-1430</u> . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form.				
Provide credit card information and authorization on PTO-2038.				
I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
attorney or agent of record. Registration Number55,127				
attorney or agent under 37 CFR 1.34. • Registration number, if acting under 37 CFR 1.34				
1100P				
	WLL J. J. S. T.		October 27, 2006	
	Sighature		Date	1
_	Michael L. Drapkin, Reg. No. 55,127		303.571.4000	
Typed or printed name Telephone Number				umoer
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
_		tad		
\square	Fotal of _1 forms are submit	icu.		